

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

11/12/04

Application Number
89/643550

Filing Date

Applicant(s)

CLAIMS	<u>AS FILED</u>		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments
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Total Indep	6						
Total Depend	95						
Total Claims	101						

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